

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90212 020 ****61.25

0030207

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N46090

1. Corporation Name

TICKETS TO PARADISE, INC.

Principal Place of Business

% LEISURE MANAGEMENT MIAMI, INC.
721 NW 1ST AVE.
MIAMI FL 33136

Mailing Address

701 ARENA BLVD
MIAMI FL 33136-4102



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

11/18/1991

4. FEI Number

65-0311686

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

FRIEND, RICHARD E P
9900 SW 143 ST
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name NANCY G DOYLE
82 Street Address (P.O. Box Number is Not Acceptable)
701 ARENA BOULEVARD
83
84 City MIAMI FL 85 Zip Code 33136-4102

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Nancy G Doyle

NANCY G DOYLE

1-10-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	FRANKLIN, ROBERT A.	
STREET ADDRESS	% 721 NW 1ST AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	MARRERO, MANUEL	
STREET ADDRESS	701 BRICKELL AVE., #2250	
CITY-ST-ZIP	MIAMI FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	FRIEND, RICHARD E.	
STREET ADDRESS	9900 SW 143 STREET	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NANCY G. DOYLE	
STREET ADDRESS	701 ARENA BLVD.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CHAIRMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	C	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DAVID -BECKFORD	
2.3 STREET ADDRESS	701 ARENA BLVD.	
2.4 CITY-ST-ZIP	MIAMI, FL 33136-4102	
3.1 TITLE	VICE-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BEATRICE SEGUI	
3.3 STREET ADDRESS	701 ARENA BLVD	
3.4 CITY-ST-ZIP	MIAMI, FL 33136-4102	
4.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	P	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Nancy G Doyle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/99

Date

(305) 530-4400

Daytime Phone #

CR2E037 (11/98)